



*UNITED STATES DISTRICT COURT*  
District of Oregon

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**NOTICE OF JUDICIAL REASSIGNMENT**

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Date of Reassignment:	June 18, 2025
Case Number:	6:19-cv-00556-MC
Case Title:	Wyatt B. et al v. Kotek et al

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(A) **Case Reassignment:** In accordance with the Court's Case Management Plan, the above-captioned case has been reassigned from the Honorable Ann L. Aiken to the Honorable Michael J. McShane, United States District Judge. Information on this case may be obtained from the following:

Case Status or Scheduling Information:	Telephone: 541-431-4105 Email: <a href="mailto:mcshane_crd@ord.uscourts.gov">mcshane_crd@ord.uscourts.gov</a>
Filing or Docket Entry Information:	Telephone: 541-431-4100

(B) **Place of Filing:** Unless electronically filed, an original and copy of all documents will be filed with the Clerk's Office, Wayne L. Morse Courthouse, 405 East Eighth Ave., Eugene, OR, 97401.

(C) **Change to the Case Number:** Effective immediately, Judge McShane's initials (MC) will replace the previous judge's initials in this case.

**MELISSA AUBIN**  
**Clerk of Court**

cc: Judge McShane  
Counsel of Record

**UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON**

**WYATT B., et al.**  
Plaintiff,

**Case No.: 6:19-cv-00556-MC**

**v.**

**TINA KOTEK, et al.**  
Defendant.

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**Consent to Jurisdiction by a Magistrate Judge  
and Designation of the Normal Appeal Route**

Pursuant to Fed. R. Civ. P 73(b), as counsel for the party (parties) identified below, I consent to have a United States Magistrate Judge conduct any and all proceedings in this case, including entry of orders on dispositive motions, trial, and entry of final judgment. I understand that withholding consent will not result in any adverse consequences. Pursuant to Fed. R. Civ. P. 73(c), I agree that an appeal from a judgment entered at a Magistrate Judge's direction may be taken to the court of appeals as would any other appeal from a district court judgment.

**DATED:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name and OSB ID:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Parties Represented:** \_\_\_\_\_